



Conduent Fiscal Agent Services
U.S. Department of Labor
Provider Address Change Form

Please complete all sections on this form.

Section A: General Information		
Provider Name:		
Provider Number:		
Please check appropriate program: <input type="checkbox"/> FECA (Federal Workers' Compensation Act) <input type="checkbox"/> DEEOIC (Division of Energy Employees Occupational Illness Compensation) <input type="checkbox"/> DCMWC (Division of Coal Mine Workers' Compensation)		
Section B: Previous Address Information <input type="checkbox"/> Physical/Practice <input type="checkbox"/> Billing/Remit		
Street Address:		
City:	State:	Zip:
Phone: ()		
Section C: New Address Information <input type="checkbox"/> Physical/Practice <input type="checkbox"/> Billing/Remit		
Street Address:		
City:	State:	Zip:
Phone: ()		
Section D: Authorization		
Signature:		Date:
Print Name:		
Title:		

Return to:

Department of Labor
Pharmacy Bill Processing, DCMWC
PO Box 8309
London, KY 40742-8309